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ABSTRACT

Suicide is a personal act with a high degree of interpersonal effects and outcomes. The student contemplating or attempting suicide has reached a turning point in his life and is searching for a way out. Suicide rates among college-age students have tripled over the past 25 years. While national attention has been drawn to the problem of teenage suicide, research now indicates that the suicide rate actually increases as young adults move into jobs and college. Like students who choose to drop out of college, college students who commit suicide are trying to find a way to escape the unbearable circumstances in which they find themselves. Therefore, it is imperative that student personnel professionals be familiar with the issues concerning campus suicide. This paper presents the current issues and theories involving college student suicide. A comprehensive program designed to sensitize and prepare student professionals, residential living staff, faculty members, academic advisors, students, and parents to react to a potential suicide are offered. The three-part plan includes procedures and policies for prevention, intervention, and postvention for suicide. Prevention and intervention programs can help lessen the crisis and provide effective strategies for coping with life. Postvention programs can assist those who survive in coping with the grief and loss. Helping students learn how to turn a personal crisis into an opportunity for hope should be the goal of every prevention, intervention, and postvention program. (Author/LLL)

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CAMPUS SUICIDE: THE ROLE OF COLLEGE PERSONNEL FROM INTERVENTION TO POSTVENTION

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ABSTRACT

CAMPUS SUICIDE: THE ROLE OF COLLEGE PERSONNEL
FROM INTERVENTION TO POSTVENTION

Suicide rates among college age students have tripled over the past twenty-five years. While national attention has been drawn to the problem of teen-age suicide, research now indicates that the suicide rate actually increases as young adults move into jobs and college. Like students who choose to drop out of college, college students who commit suicide are trying to find a way to escape the unbearable circumstances in which they find themselves. Therefore, it is imperative that student personnel professionals be familiar with the issues concerning campus suicide.

This paper will present the current issues and theories involving college student suicide. A comprehensive program designed to sensitize and prepare student professionals, residential living staff, faculty members, academic advisors, student and parents to react to a potential suicide will be offered. This three-part plan includes procedures and policies for prevention, intervention, and postvention of suicide.

CAMPUS SUICIDE: THE ROLE OF COLLEGE PERSONNEL FROM INTERVENTION TO POSTVENTION

Suicide at any age is a tragedy. It is estimated that there are approximately 35,000 suicides a year with suicide being the tenth leading cause of death in the United States (Bernhardt and Praeger, 1983). Suicide cuts across socioeconomic, racial, gender, and age lines. Smith (1986) states that there is one documented suicide every three hours.

Even more frightening is the fact that during the past two decades there has been a 192% increase in the suicide rate for those in the fifteen to nineteen age group and a 194% increase for those twenty to twenty-four years of age (Elkind, 1984). As young adults move into the demands of adulthood, the suicide rate increases.

In 1980, almost five thousand young men between the ages of fifteen and twenty-four committed suicide (Wright, Snodgrass, and Emmons, 1984). Between 1970-1980, the suicide rate for males in this age group increased fifty percent (Whitaker, 1986). While more females attempt suicide than males, males "succeed" at a rate of 4:1 when compared to females. The rate of suicide completion correlates to the chosen method of suicide. For males, the chosen method typically is guns, while females tend to take drugs or slash their wrists. Therefore, for females there is time for rescue. This is not so with males.

For the college age student, suicide is the second or third (according to the source used) leading cause of death (Schwartz and Reifler, 1984). The three leading causes of death among

college age students are accidents, homicides, and suicides. Of course, there is no way to know how many accidents are actually a result of self-destructive behavior. Because suicide attempts often go unreported or are reported as accidents, the estimated number may be as high as 500,000 suicides per year.

In addition to the tremendous increase in young people in this age group who commit suicide, there has also been an increase in those who attempt suicide. It is estimated that there are between 50,000 to 200,000 parasuicidal individuals each year. These individuals will have suicidal thoughts and will attempt suicide (Linehan and Others, 1983). The ratio between suicide attempts and actual suicides is eight to one (Smith, 1979).

Young people between the ages of fifteen and twenty-four are going through one of the most difficult stages of their lives as they attempt to establish self-identity, independence, and interpersonal relationships. It is a time when both students and non-students seek change, take risks, and explore new life styles. Both college students and their non-student counterparts are moving away physically and psychologically from parents to establish new bonds and relationships. They are more vulnerable to emotional upset and behavior regression when disruptions occur in the relationship they have with their parents or the relationships they are establishing (Dashef, 1984). With the addition of academic pressure, many students become emotional time-bombs. Yet the suicide rate for college students is not

significantly higher than that of the same age group who are not in a college setting (Schwartz and Reifler, 1984). It seems that suicidal behavior has less to do with academics and more to do with the personal and social pressures affecting college students. Bernard and Bernard (1982) found that social and family problems accounted for three-fourths of the suicide threats among college students.

Suicidal college students share many of the same characteristics of students who choose to drop out of college. Many of the factors that contribute to a student's decision to commit suicide are the factors which cause other students to drop out of college. Research has found that suicidal behavior is multidimensional (Bonner and Rich, 1987). The components that lead to this decision include alienation, cognitive distortions, deficient adaptive intrapersonal and interpersonal resources, and life stress. College students who commit suicide have been found to be socially inept, unable to solve problems, lonely, and helpless. These factors combine to form a negative self-image and result in the withdrawal from others and from self. For the drop out, it is enough to withdraw from the institution for stability to be restored. For the suicidal student, the only choice will be to withdraw from life.

What then differs about students who choose to end their lives rather than just their academic careers? Usually there is the added dimension of chronic, long term depression for the student who chooses suicide. Whitaker (1986) found that

depression among young people equals the adult form in severity. However, this depression surpassed that experienced by the adult in self-destructiveness. Depressed individuals feel a tremendous since of loneliness. However, if a student is merely lonely, the student will seek out others. If the student is depressed, the student shuns contact with others and the loneliness intensifies (Diament and Windholz, 1981).

When the chronic depression is coupled with what is known as a precipitating event, the event may become the straw that breaks the camel's back. Such events include the following:

1. death or anniversary of death of a family member or close friend.
2. separation or divorce of student's parents.
3. problems with the law.
4. injury or chronic illness.
5. marriage of sibling or remarriage of parent.
6. loss of job.
7. failure in a course.
8. end of a meaningful relationship.
9. failure to make team or become part of a desired group.
10. confusion about sexual identity.
11. confusion about existence of God.

Through these events the young person experiences a great sense of loss. These feelings lead to loss of self-esteem and self-worth.

Both suicidal students and students who drop out of college

feel helpless and hapless. For those who are suicidal, an additional "H" word, hopeless, can be added. Suicidal students see no future and leaving school and returning home is not the answer. Since there is no hope, there is no reason to go on. The suicidal student has come to the conclusion that life is meaningless and worthless.

Offer and Spiro (1987) found that students often come to college with a variety of "psychological baggage" and require help in "unpacking." In fact, it is estimated that colleges can expect as many as twenty percent of the entering freshmen to be emotionally disturbed. Rodolfa (1987) states that the incidence of mental disorders and emotional problems on a college campus ranges from six to twenty percent of the student population.

The problems confronting these troubled students cannot be ignored. How then should campuses respond? The first step should be to determine the severity of the problem on individual campuses. Few schools, however, keep adequate records about suicide attempts or suicide completers among their student body. This may be due to several factors. One problem is the definition of student. For example, if a student commits suicide in the summer, is that person a student? Second, it is often hard to determine if the death was a suicide. Many suicides are tagged accidents by school personnel, parents, and the police. Schwartz and Reifler (1980) estimate that schools probably know of only seventy percent of the suicides that occur among students because of the above factors. However, a third reason for poor

records keeping is that many schools are hesitant to keep such records. Administrators fear that the information will reflect badly on the institution (Westefeld and Pattillo, 1987).

Wright, Snodgrass, and Emmons (1984) state that schools handle the issue of suicide in many ways. Some schools ignore the problem. Other schools force students who display suicidal tendencies to withdraw. There are many reasons why withdrawal is considered the appropriate plan of action by many institutions. First, suicidal behavior can be disruptive to the classroom and other students. Therefore, withdrawal by suicidal students is seen as a way to protect non-suicidal students. Second, since there is the perception that academic pressures add to the tendency to become suicidal, it is thought that the removal of this academic pressure will cause the suicidal tendency to disappear (Ross, 1980).

However, while removal of suicidal students from the campus relieves the institution of the problem; it does not solve the problem of suicide among college students. Bernard and Bernard (1982) state that students who are suicidal are depressed, isolated, and angry. When students are forced to withdraw from school because of suicidal tendencies, they become even more depressed, isolated, and angry. Withdrawal may the answer for the institution, but it is rarely the answer for the student.

Therefore, colleges and universities should foster an atmosphere where suicidal behavior is effectively dealt with rather than simply forcing the withdrawal of students who may be

suicidal. Wright et al., (1984) suggest that this can be done by developing a comprehensive program designed to sensitize and prepare student professionals, residential living staff, faculty members, academic advisors, student and parents to react to a potential suicide. Colleges and universities should develop a three part plan to deal with college suicide. This plan must include procedures and policies for prevention, intervention, and postvention of suicide.

The first step in addressing the problem of suicide is the development of a campus plan for prevention. Prevention can be defined as the procedures used to reduce the risk of suicide on campus. According to Johnson and Maile (1987), the goals of an effective prevention plan would be to provide such basic resources to students as:

1. basic knowledge for coping with everyday problems in life,
2. practical advice and experience in living a healthy life,
3. a climate that promotes coping with stress,
4. ability to regulate one's own adjustment and coping skills, and
5. access to support (p. 40).

From a holistic point of view, prevention shares a common goal with higher education in that the emphasis is on helping individuals to cope with and develop useful skills for living and persistence.

There are several components to an effective campus prevention program. According to Webb (1986), it is essential that the institution develop written guidelines that would outline the campus program based on the premise of the healthy individual. A second component would be to establish training sessions for faculty, staff, and student leaders that will enhance their ability to work with and respond to "at risk" students. A third component would be to create a plan of action. Because threats and suicide attempts frequently occur on or near the campus, college faculty and staff are in the best position to observe a student's behavior and can frequently detect changes in behavior that are inconsistent with previous performance or activity. Therefore, such a plan would include training workshops targeting the various campus populations such as staff, faculty and student groups, providing information and referral services, and advertising the availability of campus support (Rodolfa, 1987; Haile and Levitt, 1984).

In any prevention program, it is important to remember the crucial role of peers. Statistics indicate that students often turn to friends before anyone else to express suicidal thoughts (ERIC/CAPS Fact Sheet, 1985). Therefore, training programs should target students and, in particular, students in leadership roles.

Beyond the prevention efforts, a campus must be prepared with an <u>intervention</u> strategy that would be initiated when suicidal signs are present in students. Most people

demonstrating the warning signs of suicide want to be helped and are searching for ways to continue living. An essential step in successful intervention is learning to recognize these early warning signs.

Over 75% of all suicidal individuals give notice of their intentions (Miller, 1986). Usually there are one or more signs present, often a cluster of signs, within a negative or sad context. The several categories of early warning signs are:

1. "Suicidogenic" Situations. Situations that could be frequently conducive to suicidal thoughts include being fired from one's job, death of a spouse, sudden onset of a fatal illness, amputation of a limb of an athletic individual, etc. (Miller, 1986).
2. Long-Term Depression. The period of greatest danger is in the first 90 days of recovery from depression during sudden improvements in moods and feelings (Smith, 1986).
3. Behavioral Changes Outside the Classroom. Although changes in behavior occur in everyone, it is important to recognize that some of the following, when they occur in clusters, could be interpreted as early warning signs leading to suicide. Such behavioral changes include but are not limited to insomnia, inability to concentrate, changes in eating habits, weight loss, loss of sex drive, inability to express pleasure, lethargy, apathy, withdrawal, preoccupation,

easily agitated, changes in dress, defeated thinking, low frustration tolerance, dwells on problems, living in the past, increased dependency on drugs or alcohol, sadness, crying, etc (Miller, 1986; Smith, 1986).

4. Behavioral Changes Inside the Classroom. In class signs may include the sudden failing of tests, neglect of assignments, onset of erratic class attendance, and statements made in class or through written assignments (Rodolfa, 1987).
5. Verbal warnings. There is a myth that individuals never discuss suicide. The truth is that people do talk about it, often very blatantly. Occasionally, there is a preoccupation with death and dying (Miller, 1986).
6. Arrangements for End of Life. These early warning signs often appear in a cluster and include making a will, making funeral plans, resigning from memberships, and giving away prized possessions (Smith, 1986).
7. Previous Attempts of Suicide. The statistics indicate that 10% of all attempted suicides are successful and that 80% of completed suicides had been attempted at least once previously (Smith, 1986).
8. A Suicide Plan. A plan may include a death wish, the details of how, when or where, and a suicide note (Smith, 1986).
9. Consultation with a Physician. Over 75% of those

attempting suicide have consulted a physician within 4 months of the attempt (Smith, 1986).

10. Self-Abusive Acts. Examples of such acts may include cutting off one's hair, self-inflicted wounds, and self-mutilation (ERIC/CAPS Fact Sheet, 1985).

A review of these early warning signs indicates that suicide or attempts are caused by problems generated in life and not necessarily by college attendance (Rodolfa, 1987). Faculty are in the ideal position to observe a student's behavior and can frequently detect changes in behavior that are inconsistent with previous performance. Due to the significance of the role of faculty in intervening in campus suicide, Appendix A outlines specific faculty actions.

The primary rule, according to Smith (1986), in developing an intervention program or strategy is to "Do something!" (p. 31). A program, or more appropriately "psychological first aid" (Johnson and Maile, 1987, p.50), should be designed to demonstrate care and a desire to help, lessen the intensity and duration of the crisis, utilize campus resources to provide support, and provide help in lowering the long term risk of suicide. The five (5) components in an effective program are:

1. quick and meaningful contact with the person in crisis,
2. exploration of the extent of the problem and determination of the degree to which the person is at risk to attempting suicide,
3. a search for possible solutions,

4. assistance in resolving the crisis,
5. follow-up with additional intervention strategies that could include therapy and rehabilitation work (Johnson and Maile, 1987, p. 50-51).

Butler and Statz (1986) strongly recommend that the initial campus intervention effort should be the development of institutional guidelines which outline who initiates intervention, the responsibilities of those involved, and the details of information flow. This guide would enable the campus to respond in a quick and helpful manner.

One recommended intervention technique would be contracting with the suicidal student in an agreement which requires that the student refrain from suicidal threats or acts and work with a trained counselor. It could be used to outline additional requirements depending upon the circumstances (ERIC/CAPS Fact Sheet, 1985).

According to Nelson (1984), a suicidal individual may be ambivalent or uncertain about death. As a result, crisis intervention may be an effective strategy in providing support and serving as an advocate for healthy living. A specific recommendation is for the campus or community to develop a 24-hour crisis intervention telephone line that emphasizes the following:

1. providing 24-hour availability,
2. listening and concern,
3. maintaining confidentiality,

4. referring to reliable resources,
5. lessening the intensity of the crisis,
6. using trained volunteers to answer the telephone,
7. advertising of the service and number to call.

Even the most effective intervention programs will not prevent an individual from completing suicide. Therefore. it is important that the campus prepare for this eventuality through a postvention plan. The purpose of postvention procedures is to assist survivors of suicide in overcoming the trauma and working toward recovery and readjustment to a healthy lifestyle. Survivors of suicide can be identified as immediate family, extended family, friends, classmates, faculty, staff, other students, and medical, counseling, and law enforcement personnel (Bernhardt and Praeger, 1983).

In order to provide successful postvention services, the campus should develop guidelines for effectively managing a suicide crisis. Guidelines developed for the campus should include:

1. establishing a crisis counseling service.
2. initiating contact with and promoting contact among friends and acquaintances of the victim (especially peers).
3. encouraging expression of feelings and healing among entire campus population.
4. facilitating cognitive understanding about death.
5. encouraging the commemoration of the death through a

campus service or by attending the funeral.

6. avoiding "glamorization" of the suicide act.
7. resuming routine activities as quickly as possible and making allowances for those too upset to not participate.
8. using outside consultants to meet with the counseling and other staff involved.
9. recognizing that the aftermath will continue for a long period (Webb, 1986, p. 477).

One highly recommended postvention program is the "survivors of suicide" support group. This program provides for the formation of a group for survivors for the purpose of developing mutual sympathy and support, guiding participants through the grief process, and lessening the stigmas attached to suicide. Since members of the group were usually very close to the person completing the suicide, this program may be long term (Bernhardt and Praeger, 1983; Wrobleski, 1985; Survivors of Suicide: Show Them You Care, 1987).

A second highly recommended program is a celebration of life ritual that helps participants through the grief process by celebrating life and memorializing the victim. The act of suicide is deemphasized in an effort not to "romanticize" this method of death. This program may be a one time presentation, is often directed toward the whole campus, and comes as soon as possible after the suicide (Survivors of Suicide: Show Them You Care, 1987).

Summary

Suicide is a personal act with a high degree of interpersonal effects and outcomes (Butler and Statz, 1986). The student contemplating or attempting suicide has reached a turning point in his/her life and is searching for a way out. The problem should not be avoided by campuses. Prevention and intervention programs can help lessen the crisis and provide effective strategies for coping with life. Postvention programs can assist those who survive in coping with the grief and loss.

Through the programs outlined above, a student can learn skills for healthy living and develop techniques for coping with the problems and stresses in life. Helping students to learn how to turn a personal crisis into an opportunity for hope should be the goal of every prevention, intervention, and postvention program.

APPENDIX A

WHAT CAN FACULTY DO TO INTERVENE IN CAMPUS SUICIDE

All faculty must be trained to see the signs of potential suicide. Faculty members are in the best position to intervene since they can see the academic problems a student is having as well as the behavioral components of a student's emotional and psychological state. A failed test, neglected assignments, erratic attendance, unusual mood changes, or emotional outbursts over seemingly trivial matters can signal a deeper, non-academic problem. Faculty should:

1. Take all verbal threats seriously and report all threats (no matter how insignificant) to the campus mental health officer.

2. Be conscious of hidden messages in student's assignments. Papers discussing suicide or life threatening issues should be returned to the student with comments about the seriousness of the issue and an invitation to further discuss the issue.

3. Learn to recognize signs of prolonged depression.

4. Be concerned when a student demonstrates marked changes in personality or behavior such as:
   a. student suddenly having poor grooming,
   b. student's sleep patterns changing to the point that it is noticeable in class,
   c. student misses appointments, classes, etc., when the student has otherwise been prompt,
   d. student has unusual behavioral responses to criticism or problems.

5. Dismiss the myths about suicide. These can be hostile in nature and a deterrent to dealing with the issue. Such myths include:
   a. people who talk about it don't do it,
   b. if someone really wants to die they will (only 5% of suicidal individuals are determined to be self-destructive),
   c. suicidal individuals only want attention.

6. Be attuned to community and campus events which adversely impact students. When a student on-campus commits suicide, students in local high schools are affected. The same is true when a high school student commits suicide. Don't expect it to be business as usual after such a tragedy has happened.

7. Demonstrate your willingness to be a "significant other" in the lives of your students.

8. Do not try to cope with the problems yourself. Help the student find professional help.

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